




Nationally presented by
Genworth Financial 

Donation Form

Participant information

I am supporting (name of walker) _____ on (team name)
_____ who is participating in the (city,
state) _____ Memory Walk.

Donor information

Name _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail Address: _____

Donation information

I would like to make a donation in the amount of: \$200 \$100 \$50 Other

My donation is in honor memory of _____

Please keep my donation anonymous

Enclosed is my check payable to the **Alzheimer's Association**

Please charge my Visa MasterCard American Express

Credit card number: _____ Expiration date: _____

Signature: _____ Today's date: _____

Return completed form to:

**Alzheimer's Association, Southeastern Virginia Chapter
6350 Center Drive, Suite 102
Norfolk, VA 23502**

If you or someone you know needs information, referrals or support regarding Alzheimer's disease please call the Alzheimer's Association 24/7 Nationwide Helpline at 1.800.272.3900 or visit www.alz.org/seva.